

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742569

FILED
May 02, 2009
Secretary of State

Entity Name: SPACE COAST RUNNERS, INC.

Current Principal Place of Business:

BOX 2407
MELBOURNE, FL 32902

New Principal Place of Business:

Current Mailing Address:

BOX 2407
MELBOURNE, FL 32902

New Mailing Address:

FEI Number: 59-2162554 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WHITE, MARLENE
30 COUNTRY CLUB ROAD
COCOA BEACH, FL 32931 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BALL, CAROL
Address: 516 SOUTH PLUMOSA ST. #15
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: RAMBA, MARY
Address: 3052 SKYLINE DR
City-St-Zip: COCOA, FL 32922

Title: SD () Delete
Name: CHING, CEDRIC
Address: 692 LAKE GEORGE DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: TD () Delete
Name: WHITE, MARLENE
Address: 30 COUNTRY CLUB RD
City-St-Zip: COCOA BEACH, FL 32931

Title: VPD () Delete
Name: WINKEL, MARTIN
Address: 4374 LONGBOW DRIVE
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: JOHNSON, MORRIS
Address: 62 DANUBE RIVER ROAD
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE WHITE

TD

05/02/2009

Electronic Signature of Signing Officer or Director

Date